

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

DONNA OHSANN,

PLAINTIFF,

V.

CIVIL ACTION NO. 2:07-cv-00875-WKW

**L. V. STABLER HOSPITAL and
COMMUNITY HEALTH SYSTEMS
PROFESSIONAL SERVICES CORPORATION,**

DEFENDANTS.

SECOND NOTICE OF FILING OF CONSENTS BY OPT-IN PLAINTIFFS

Come now the Plaintiffs in the above matter and files the Consents of the following individual as opt-in Plaintiffs in this action (collectively, Exhibit A):
Theresa M. Allen, Jacquelin Barganier, Illya D. Bogan, Veronica Boyge
Alisaha Huguler, Mellan D. Johnson, Charla M. Marsh, Clara Sellers, and Carl
Sexton.

Respectfully submitted,

/s/ David R. Arendall

David R. Arendall
Counsel for Plaintiff

OF COUNSEL:

ARENDALL & ASSOCIATES

2018 Morris Avenue, Third Floor

Birmingham, AL 35203

205.252.1550 – Office

205.252.1556 - Facsimile

CERTIFICATE OF SERVICE

I hereby certify that on July 23, 2008, I electronically filed the foregoing with the Clerk of the Court by using the CM/ECF system which will send a notice of electronic filing to the following: David Walston, Esq.

/s/ David R. Arendall

Of Counsel

EXHIBIT A

TO SECOND NOTICE

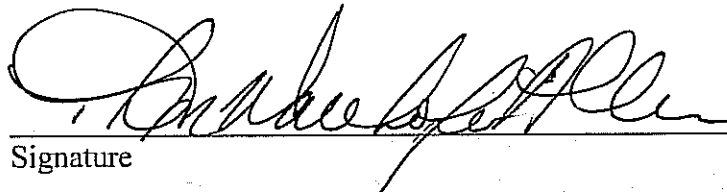
OF FILING OF CONSENTS

CONSENT TO BECOME A PARTY PLAINTIFF

I, Theresa M. Allen, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7-17-08


Signature

Theresa M. Whitaker Allen
Print Name

9953 Luverne Highway
Address (Required)

Greenville, AL 36037
City, State and Zip Code

334-382-7910
Day Phone no. – Include area code (Required)

334-437-2820
Mobile Phone – include area code

334-382-7797
Evening phone no. – Include area code (Required)

tallen-617@yahoo.com
E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Jacqueline Bargarner, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/17/08.

Jacqueline Bargarner
Signature

Jacqueline Bargarner
Print Name

171 Logan's Run Rd.
Address (Required)

Greenville, AL 36037
City, State and Zip Code

(334) 382-1490 WK

334 382-6213 Hm
Day Phone no. – Include area code (Required)

334 437 6738
Mobile Phone – include area code

334 382-6213 Hm
Evening phone no. – Include area code (Required)

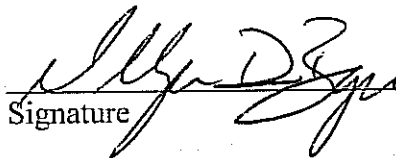
jackieb - exhskp@yahoo.com
Email Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, ILLYA D Bogan, a current or former employee of L. V. Stabler Hospital. hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7/20/08


Signature

ILLYA D BOGAN
Print Name

2761 Pine Acres St
Address (Required)

Millbrook ALABAMA 36054
City, State and Zip Code

334-285-1736
Day Phone no. – Include area code (Required)

← Same
Evening phone no. – Include area code (Required)

334-328-6355
Mobile Phone – include area code

ibogan66@msn.com
E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Veronica Boyge, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: July 16, 2008

Veronica Boyge

Signature

Veronica Boyge

Print Name

435 Perdue Place

Address (Required)

Greenville, AL 36037

City, State and Zip Code

(334) 371-4096

Day Phone no. – Include area code (Required)

(334) 207-8970

Mobile Phone – include area code

(334) 371-4096

Evening phone no. – Include area code (Required)

vboyge@hotmail.com

E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Alisha Huguler, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7-20-08

Alisha Huguler
Signature

Alisha Huguler
Print Name

P.O. Box 354
Address (Required)

Greenville, Alabama 36037
City, State and Zip Code

1334)382-0405
Day Phone no. – Include area code (Required)

901-628-4302
Mobile Phone – include area code

1334)383-9946
Evening phone no. – Include area code (Required)

E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Mellan D Johnson, a current or former employee of L. V. Stabler Hospital. hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 07-18-08.

Mellan D Johnson
Signature

Mellan D Johnson
Print Name

423 Perdue Place
Address (Required)

Greenville AL 36037
City, State and Zip Code

334-525-1383
Day Phone no. - Include area code (Required)

334-383-0335
Evening phone no. - Include area code (Required)

334-525-1383
Mobile Phone - include area code

E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, CHARLA M MARSH, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: July 18, 2008

Charla M Marsh
Signature

CHARLA M MARSH
Print Name

219 N CONECH
Address (Required)

GREENVILLE AL 36037
City, State and Zip Code

(334) 383-1062
Day Phone no. – Include area code (Required)

383-2247 area code (334)
Evening phone no. – Include area code (Required)

Mobile Phone – include area code

E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, Clara Sellers, a current or former employee of L. V. Stabler Hospital, hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7-17-08.

Clara Sellers
Signature

Clara Sellers
Print Name

5288 Co Rd 45 Ft. Deposit
Address (Required)

Ft. Deposit AL 36032
City, State and Zip Code

(334) 227-3035
Day Phone no. - Include area code (Required)

Mobile Phone - include area code

334 227-3035
Evening phone no. - Include area code (Required)

ClaraSellers@ymail.com
E-mail Address

CONSENT TO BECOME A PARTY PLAINTIFF

I, CARL Sexton, a current or former employee of L. V. Stabler Hospital. hereby consent to become a party plaintiff in a lawsuit against L. V. Stabler Hospital, to collect back pay, liquidated damages, minimum wage and/or overtime compensation under the Fair Labor Standards Act, §§ 201 *et seq.*, and/or any other applicable federal or state statute(s) already filed or to be filed against L. V. Stabler Hospital.

By signing this Consent, I agree to the terms and conditions of the Attorney Fee Agreement on the reverse of this page.

Dated: 7-21-8.

Carl Sexton
Signature

CARL Sexton
Print Name

2242 Vickery Rd.
Address (Required)

Greenville AL 36037
City, State and Zip Code

334-382-6810
Day Phone no. - Include area code (Required)

334-382-6810
Evening phone no. - Include area code (Required)

Mobile Phone - include area code

Carl157@CenturyTel.net
E-mail Address